

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
 County Registrar No. _____
 Local Registrar No. 46

City of Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Infant Salas (died before named) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth 3-10-25
 Month day year

9. FATHER Full name Toney Salas 14. MOTHER Full maiden name Frances Pedregos
 9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe
 If nonresident, give place and state Ariz. If nonresident, give place and state Arizona
 10. Color or race Mex. 16. Color or race Mex.
 11. Age at last birthday 24 (Years) 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Tucson 18. Birthplace (city or place) Tombstone
 (State or country) Arizona (State or country) Arizona
 13. Occupation Nature of industry Laborer 19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? yes
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1
 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature C. W. Adams (Physician or midwife)
 Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year. _____ Filed Apr. 1, 1925 Local Registrar. _____

Registrar.

Filed _____

County Registrar.

022-310-676